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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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The Inpatient Hospital Events file contains data about all inpatient hospital stays of the MCBS
population, whether community or facility interviews. This file combines data obtained from CMS
administrative records with information obtained from the survey.

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RIC       1  2                                       C RECORD IDENTIFICATION CODE

VERSION   3  1                                       C VERSION NUMBER

BASEID    4  8                                       C UNIQUE IDENTIFICATION NUMBER

EVNTNUM   14  4  $EVNTNUM                            C UNIQUE EVENT IDENTIFIER

                          1,555           C000-C999 EVENT CREATED FROM CLAIM
                          3,490           0000-9999 SURVEY REPORTED EVENT

OREVTYPE  18  2  $EVNTTYP                            C ORIGINAL REPORTED EVENT TYPE

                          1,555                   INAPPLICABLE
                              0           DU DENTAL
                             47           ER EMERGENCY ROOM
                          3,309           IP INPATIENT
                             69           IU INSTITUTIONAL UTILIZATION
                              0           MP MEDICAL PROVIDER
                              0           OM OTHER MEDICAL EXPENSE
                             65           OP OUTPATIENT
                              0           PM PRESCRIBED MEDICINE
                              0           SD SEP BILLING DOCTOR
                              0           SL SEP BILLING LAB

CLAIMID   20  7                                      N CLAIM THIS SURVEY EVENT MATCHED TO

EVBEGYY   27  2  $EVYY                               C EVENT BEGIN YEAR

                              0                   INAPPLICABLE
                              1           -8 DK
                          5,044           00-99 YEAR

EVBEGMM   29  2  $EVMM                               C EVENT BEGIN MONTH

                              0                   INAPPLICABLE
                             10           -8 DK
                          5,035           01-12 MONTH
                              0           95 STILL IN PROGRESS

EVBEGDD   31  2  $EVDD                               C EVENT BEGIN DAY

                              0                   INAPPLICABLE
                             16           -5 MULTIPLE VISITS THIS MONTH
                            119           -8 DK
                          4,910           01-31 DAY OF MONTH

EVENDYY   33  2  $EVYY                               C EVENT END YEAR

                              0                   INAPPLICABLE
                             52           -1 INAPPLICABLE
                              2           -8 DK
                          4,991           00-99 YEAR
```

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EVENDMM   35  2  $EVMM                                  C EVENT END MONTH

                                0                          INAPPLICABLE
                               51                      -1 INAPPLICABLE
                                9                      -8 DK
                            4,984                   01-12 MONTH
                                1                      95 STILL IN PROGRESS

EVENDDD   37  2  $EVDD                                  C EVENT END DAY

                                0                          INAPPLICABLE
                               52                      -1 INAPPLICABLE
                                0                      -5 MULTIPLE VISITS THIS MONTH
                                2                      -7 REFUSED
                              105                      -8 DK
                            4,886                   01-31 DAY OF MONTH

SOURCE    39  1  $SOURCE                                C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?

                              783                       1 SURVEY ONLY
                            1,555                       2 CLAIMS ONLY
                            2,707                       3 BOTH SURVEY & CLAIMS

SITCODE   40  1  $SITCODE                               C COMMUNITY OR FACILITY SETTING?

                               17                       B BOTH COMM & FACILITY
                            4,151                       C COMMUNITY
                              152                       D DEEMED COMMUNITY
                              533                       F FACILITY
                               69                       G DEEMED FACILITY
                              123                       S SNF

AMTTOT    41  9  MONYFMT                                N TOTAL PAYMENT

                            5,045                          AMOUNT AS $$$$$$.CC

IMPATOT   50  1  IMPFLAG                                N IMPUTATION FLAG:  TOTAL PAYMENT

                            3,614                       0 NOT IMPUTED
                            1,431                       1 IMPUTED

AMTCOV    51  9  MONYFMT                                N PORTION OF TOTAL PAY COV BY MEDICARE

                            5,045                          AMOUNT AS $$$$$$.CC

AMTNCOV   60  9  MONYFMT                                N PORTION OF TOTAL PAY NOT COV BY MEDICARE

                            5,045                          AMOUNT AS $$$$$$.CC

AMTCARE   69  9  MONYFMT                                N AMOUNT PAID BY MEDICARE

                            5,045                          AMOUNT AS $$$$$$.CC

IMPSCARE  78  1  IMPFLAG                                N IMPUTATION FLAG: SOP MEDICARE

                            5,040                       0 NOT IMPUTED
                                5                       1 IMPUTED

IMPACARE  79  1  IMPFLAG                                N IMPUTATION FLAG: AMT MEDICARE

                            4,984                       0 NOT IMPUTED
                               61                       1 IMPUTED
```

01/09/03   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **IPE**
Cost & Use   Inpatient Hospital Events   Page: 3
2000   **Version: 1**

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AMTCAID   80  9   MONYFMT                              N AMOUNT PAID BY MEDICAID
                            5,045                        AMOUNT AS $$$$$$.CC

IMPSCAID  89  1   IMPFLAG                              N IMPUTATION FLAG: SOP MEDICAID
                            4,757                      0 NOT IMPUTED
                              288                      1 IMPUTED

IMPACAID  90  1   IMPFLAG                              N IMPUTATION FLAG: AMT MEDICAID
                            4,333                      0 NOT IMPUTED
                              712                      1 IMPUTED

AMTHMOM   91  9   MONYFMT                              N AMOUNT PAID BY MEDICARE HMO
                            5,045                        AMOUNT AS $$$$$$.CC

IMPSHMOM  100 1   IMPFLAG                              N IMPUTATION FLAG: SOP MEDICARE HMO
                            4,866                      0 NOT IMPUTED
                              179                      1 IMPUTED

IMPAHMOM  101 1   IMPFLAG                              N IMPUTATION FLAG: AMT MEDICARE HMO
                            4,546                      0 NOT IMPUTED
                              499                      1 IMPUTED

AMTHMOP   102 9   MONYFMT                              N AMOUNT PAID BY PRIVATE HMO
                            5,045                        AMOUNT AS $$$$$$.CC

IMPSHMOP  111 1   IMPFLAG                              N IMPUTATION FLAG: SOP PRIVATE HMO
                            4,966                      0 NOT IMPUTED
                               79                      1 IMPUTED

IMPAHMOP  112 1   IMPFLAG                              N IMPUTATION FLAG: AMT PRIVATE HMO
                            4,922                      0 NOT IMPUTED
                              123                      1 IMPUTED

AMTVA     113 9   MONYFMT                              N AMOUNT PAID BY VETERANS ADM
                            5,045                        AMOUNT AS $$$$$$.CC

IMPSVA    122 1   IMPFLAG                              N IMPUTATION FLAG: SOP VETERANS ADM
                            5,017                      0 NOT IMPUTED
                               28                      1 IMPUTED

IMPAVA    123 1   IMPFLAG                              N IMPUTATION FLAG: AMT VETERANS ADM
                            4,975                      0 NOT IMPUTED
                               70                      1 IMPUTED

AMTPRVE   124 9   MONYFMT                              N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
                            5,045                        AMOUNT AS $$$$$$.CC
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IMPSPRVE 133 1 IMPFLAG   N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER

                    4,640   0 NOT IMPUTED
                      405   1 IMPUTED

IMPAPRVE 134 1 IMPFLAG   N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER

                    4,530   0 NOT IMPUTED
                      515   1 IMPUTED

AMTPRVI 135 9 MONYFMT   N AMOUNT PAID BY PRIV INS (INDIV PURCH)

                    5,045   AMOUNT AS $$$$$$.CC

IMPSPRVI 144 1 IMPFLAG   N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR

                    4,670   0 NOT IMPUTED
                      375   1 IMPUTED

IMPAPRVI 145 1 IMPFLAG   N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR

                    4,550   0 NOT IMPUTED
                      495   1 IMPUTED

AMTPRVU 146 9 MONYFMT   N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)

                    5,045   AMOUNT AS $$$$$$.CC

IMPSPRVU 155 1 IMPFLAG   N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN

                    4,963   0 NOT IMPUTED
                       82   1 IMPUTED

IMPAPRVU 156 1 IMPFLAG   N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN

                    4,963   0 NOT IMPUTED
                       82   1 IMPUTED

AMTOOP   157 9 MONYFMT   N AMOUNT PAID BY PERSON/FAMILY

                    5,045   AMOUNT AS $$$$$$.CC

IMPSOOP 166 1 IMPFLAG   N IMPUTATION FLAG: SOP PAID BY PERSON

                    4,544   0 NOT IMPUTED
                      501   1 IMPUTED

IMPAOOP 167 1 IMPFLAG   N IMPUTATION FLAG: AMT PAID BY PERSON

                    4,351   0 NOT IMPUTED
                      694   1 IMPUTED

AMTDISC 168 9 MONYFMT   N AMOUNT OF UNCOLLECTED LIABILITIES

                    5,045   AMOUNT AS $$$$$$.CC

IMPSDISC 177 1 IMPFLAG   N IMPUTATION FLAG: SOP UNCOLL LIAB

                    4,844   0 NOT IMPUTED
                      201   1 IMPUTED

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IMPADISC 178  1  IMPFLAG                              N IMPUTATION FLAG: AMT UNCOLL LIAB

                            4,816                      0 NOT IMPUTED
                              229                      1 IMPUTED

AMTOTH   179  9  MONYFMT                              N AMOUNT PAID BY OTHER SOURCES

                            5,045                        AMOUNT AS $$$$$$.CC

IMPSOTH  188  1  IMPFLAG                              N IMPUTATION FLAG: SOP OTHER SOURCES

                            5,011                      0 NOT IMPUTED
                               34                      1 IMPUTED

IMPAOTH  189  1  IMPFLAG                              N IMPUTATION FLAG: AMT OTHER SOURCES

                            4,983                      0 NOT IMPUTED
                               62                      1 IMPUTED

ODIAGCNT 190  2                                       N NUMBER OF DIAGNOSIS CODES ON CLAIM

PRINDIAG 192  5                                       C PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM

ODIAG1   197  5                                       C SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM

ODIAG2   202  5                                       C THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM

DRG      207  3                                       C DIAGNOSIS RELATED GROUP FROM CLAIM

PROCCNT  210  2                                       N NUMBER OF PROCEDURE CODES ON CLAIM

PROC1    212  4                                       C FIRST PROCEDURE CODE FROM CLAIMS

PROV     216  6                                       C PROVIDER NUMBER FROM CLAIM

STATUS   222  2                                       C BENE STATUS AS OF THRU DATE ON CLAIM

UTLZNDAY 224  3                                       N NUMBER OF COVERED DAYS OF CARE

COINDAY  227  2                                       N TOTAL NUMBER OF COINSURANCE DAYS

LRDAYS   229  2                                       N NUMBER OF LIFETIME RESERVE DAYS USED

HMO      231  1  $HMO                                 C EVENT PROVIDED BY AN HMO?

                            4,225                      0 EVENT NOT PROV BY HMO
                              820                      1 EVENT PROVIDED BY HMO
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